

LINCOLN COUNTY, NV

2019-157172

Rec:\$35.00

Total:\$35.00

10/16/2019 11:10 AM

COW COUNTY TITLE

Pgs=3 *AK

APN: 003-075-07

RECORDING REQUESTED BY:

Cow County Title Co.
NLS 7980-Lin

WHEN RECORDED MAIL TO:

Roberta J. Erlandson
330 Colt Run Rd
Simpsonville KY 40067-6618

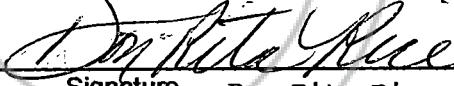


00003530201901571720030034

OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS 40.525
(Law).


Signature Don-Rita Rice


Title Agent

This page is added to provide information required by NRS 111.312, Sections 1-2.
(Additional recording fees apply)

AFFIDAVIT DEATH OF JOINT TENANT

ROBERTA J. ERLANDSON, of legal age, being first duly sworn, deposes and says: That **PAUL ROSS ERLANDSON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **PAUL R. ERLANDSON**, named as one of those parties in that certain Grant, Bargain, Sale Deed dated January 28, 2003, executed by **MARVIN J. RICHARDSON** and **RUTH A. RICHARDSON**, husband and wife, to **PAUL R. ERLANDSON** and **ROBERTA J. ERLANDSON**, husband and wife as joint tenants, recorded January 30, 2003 in Book 170 of Official Records, page 1 as File No. 119416, Lincoln County, Nevada records, covering the real property situate in the County of Lincoln, State of Nevada, described as follows:

Situate within portions of Sections 7 and 8, Township 4 South, Range 67 East, M.D.B. & M., more particularly described as follows:

Lot 11 in Block 4 of **CALIENTE**, Nevada as shown on the Official Subdivision Map thereof recorded November 10, 1904 in Book A of Plats, page 36 and as shown on the compiled Map of Caliente, Lincoln County, Nevada filed in Book A of Plats, page 47, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER: 003-075-07

DATE: 9/24/2019

Roberta J. Erlandson
ROBERTA J. ERLANDSON

STATE OF Kentucky
COUNTY OF Shelby

This instrument was acknowledged before me on 24 Sept 2019
by Roberta J. Erlandson

Justin Aines
Notary Public

JUSTIN AINES
Notary Public
Kentucky - State at Large
My Commission Expires May 20, 2023

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014012186
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME: (FIRST,MIDDLE,LAST,SUFFIX) Paul Ross ERLANDSON		2. DATE OF DEATH (Mo/Day/Year) July 11, 2014		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) 126 Main Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		7c. UNDER 1 DAY HOURS MINS.	
8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1941		9a. STATE OF BIRTH (if not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Roberta THERN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Maintenance		14b. KIND OF BUSINESS OR INDUSTRY Hospital	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 126 Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Clifford V ERLANDSON	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marion C SWENSON		18a. INFORMANT-NAME (Type or Print) Roberta ERLANDSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P O Box 22 Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Miles Umina 1050 SR 322 Pioche, NV 89043					
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 31, 2014	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE-FOR (a), (b), AND (c).) PART I (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE					

STATE REGISTRAR

VRS-Rev-20120523a

539625

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 07/31/2014

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

